

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

273 3051 152 63-040852

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>PERRYVILLE</b>		c. CITY OR TOWN <b>STE. GENEVIEVE</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>PERRY</b> HOSPITAL OR INSTITUTE <b>COUNTY MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>200 SOUTH 4TH STREET</b>	
3. NAME OF DECEASED (Type or print) <b>HILDA HELEN SEXAUER</b>		4. DATE OF DEATH <b>NOVEMBER 1, 1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-7-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
11a. FATHER'S NAME <b>CHRISTIAN BAUM</b>		11b. MOTHER'S MAIDEN NAME <b>LOUISE RINGWALD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>MRS. D. S. HUNKINS, STE. GENEVIEVE, MO.</b>		18. NAME OF HUSBAND <b>EDWARD L. SEXAUER</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>		<b>3 years</b>	
DUE TO (c) <b>generalized arteriosclerosis</b>		<b>7 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>STE. GENEVIEVE, MISSOURI</b>	
21. I attended the deceased from <b>Sept 15, 1963</b> to <b>Nov 1, 1963</b> and last saw her alive on <b>Nov 1, 1963</b> Death occurred at <b>11:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joselle F. Carron M.D.</b>		22b. ADDRESS <b>190 South Fourth Ste. Genevieve, Mo.</b>	
22c. DATE SIGNED <b>11-2-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
23b. DATE <b>11-4-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>STE. GENEVIEVE, MISSOURI</b>		24. FUNERAL DIRECTOR <b>JEROME H. STANTON, STE. GENEVIEVE, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-4-63</b>		26. REGISTRAR'S SIGNATURE <b>Jos J. Zellner</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 15 1963

**STATEMENT BY LICENSED EMBALMER**

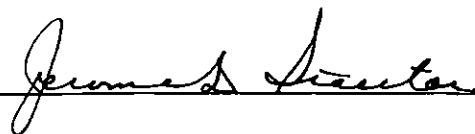
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.